

DECLARATION AND POWER OF ATTORNEY
(Patent, Design or C-I-P Application)

As a below-named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are stated below) of the subject matter which is claimed and for which a patent is sought on the invention entitled **SYSTEM AND METHOD OF DIGITALLY MODELLING CRANIOFACIAL FEATURES FOR THE PURPOSES OF DIAGNOSIS AND TREATMENT PREDICTIONS** the specification of which

is attached hereto

was filed on _____ as Application Serial No. _____ and was amended on _____ (if applicable)

I hereby state that I have reviewed and understand the contents of the above-entitled specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations §1.56(a).

I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed.

PRIOR FOREIGN APPLICATION(S)

COUNTRY	APPLICATION NO.	DATE OF FILING (day, month, year)	PRIORITY CLAIMED UNDER 35 U.S.C. 119
			YES <input type="checkbox"/> NO <input type="checkbox"/>
			YES <input type="checkbox"/> NO <input type="checkbox"/>

LISTING OF FOREIGN APPLICATIONS CONTINUED ON PAGE 2 HEREOF: YES NO

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first page of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application.

NONE

(Application Serial No.) (Filing Date) (Status) (patented, pending, abandoned)

NONE

(Application Serial No.) (Filing Date) (Status) (patented, pending, abandoned)

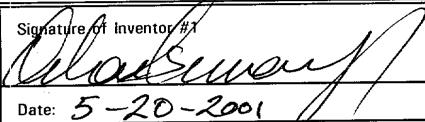
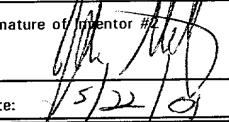
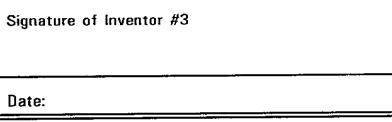
POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

ERIC A. LaMORTE, Reg. No. 34,653; MARY ALICE McMONAGLE, Reg. No. 41,187			
SEND CORRESPONDENCE TO: LaMORTE & ASSOCIATES, P.C. P.O. BOX 434 Yardley, PA 19067-8434	DIRECT TELEPHONE CALLS TO:	Eric A. LaMorte, Esq. (215) 321-6772	

FULL NAME OF INVENTOR #1	LAST NAME: TUNCAY	FIRST NAME: ORHAN	MIDDLE INITIAL: C.
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FULL NAME OF INVENTOR #2	LAST NAME: SLATTERY	FIRST NAME: JOHN	MIDDLE NAME: C.
RESIDENCE & CITIZENSHIP	CITY: BOISE	STATE OR FOREIGN COUNTRY: PENNSYLVANIA	COUNTRY OF CITIZENSHIP: USA
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FULL NAME OF INVENTOR #3	LAST NAME:	FIRST NAME:	MIDDLE NAME:
RESIDENCE & CITIZENSHIP	CITY:	STATE OR FOREIGN COUNTRY:	COUNTRY OF CITIZENSHIP:
POST OFFICE ADDRESS	POST OFFICE ADDRESS:	CITY:	STATE OR COUNTRY AND ZIP CODE:

LISTING OF INVENTORS CONTINUED ON PAGE 2 HEREOF: YES NO

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

Signature of Inventor #1 	Signature of Inventor #2 	Signature of Inventor #3 
Date: 5-20-2001	Date: 5/22/01	Date:

SEE PAGE 2 ATTACHED, SIGNED AND MADE A PART HEREOF: YES NO

Applicant or Patentee: Orhan et al. Attorney's
Serial or Patent No.: _____ Docket No.: TUNCAY - 1
Filed or Issued: HEREWITH
For: SYSTEM AND METHOD OF DIGITALLY MODELLING CRANIOFACIAL FEATURES FOR THE PURPOSES OF DIAGNOSIS AND TREATMENT PREDICTIONS

**VERIFIED STATEMENT (DECLARATION) CLAIMING SMALL ENTITY STATUS
(37 CFR 1.9 (f) and 1.27 (b)) -- INDEPENDENT INVENTOR**

As a below-named inventor, I hereby declare that I qualify as an independent inventor as defined in 37 CFR 1.9(c) for purposes of paying reduced fees under section 41 (a) and (b) of Title 35, United States Code, to the Patent and Trademark Office with regard to the invention entitled

SYSTEM AND METHOD OF DIGITALLY MODELLING CRANIOFACIAL FEATURES FOR THE PURPOSES OF DIAGNOSIS AND TREATMENT PREDICTIONS described in

the specification filed herewith
 application serial no. _____, filed _____
 patent no. _____, issued _____

I have not assigned, granted, conveyed or licensed and am under no obligation under contract or law to assign, grant, convey or license, any rights in the invention to any person who could not be classified as an independent inventor under 37 CFR 1.9(c) if that person had made the invention, or to any concern which would not qualify as a small business concern under 37 CFR 1.9(d) or a nonprofit organization under 37 CFR 1.9(e).

Each person, concern or organization to which I have assigned, granted, conveyed, or licensed or am under an obligation under contract or law to assign, grant, convey, or license any rights in the invention is listed below:

no such person, concern, or organization
 persons, concerns or organizations listed below*

*NOTE: Separate verified statements are required from each named person, concern or organization having rights to the invention averring to their status as small entities. (37 CFR 1.27)

FULL NAME _____
NAME OF INVENTOR

ADDRESS _____
ADDRESS
 Individual Small Business Concern Nonprofit Organization

FULL NAME _____
NAME OF INVENTOR

ADDRESS _____
ADDRESS
 Individual Small Business Concern Nonprofit Organization

FULL NAME _____
NAME OF INVENTOR

ADDRESS _____
ADDRESS
 Individual Small Business Concern Nonprofit Organization

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. (37 CFR 1.28(b))

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this verified statement is directed.

Orhan C. Tuncay

NAME OF INVENTOR

John C. Slattery

NAME OF INVENTOR

NAME OF INVENTOR

Signature of Inventor

Signature of Inventor

Signature of Inventor

3/20/01

Date

Date